STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G079	A. BUILDING _____ B. WING _____	R-C 10/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-NORTH WILLOW	2002 W 86TH ST INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS This visit was for a post-certification revisit survey (PCR) to the PCR completed on 8/17/12 to the PCR completed on completed on 6/29/12 to the investigation of complaints #IN00108475 and #IN00107965 completed on 5/23/12. This visit resulted in an Immediate Jeopardy. This visit was in conjunction with the investigation of complaint #IN00115538. This visit was in conjunction with a PCR survey to the pre-determined full recertification and state licensure survey. This visit included the PCR to the investigation of complaint #IN00113231 completed on 8/17/12. Complaint #IN00108475-Corrected. Complaint #IN00107965-Corrected. Dates of Survey: 9/25, 9/26, 9/27 and 10/2/12 Facility number: 000622 Provider number: 15G079 AIM number: 100272170 Surveyors: Paula Chika, Medical Surveyor III-Team Leader Brenda Nunan, RN, Public Health Nurse Surveyor (9/25/12 to 9/27/12) Dotty Walton, Medical Surveyor III (9/25/12 to 9/27/12) Mark Ficklin, Medical Surveyor III (9/25/12 to 9/27/12) Steven Schwing, Medical Surveyor III (9/25/12 to 9/27/12) Keith Briner, Medical Surveyor III (9/25/12 to	{W 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G079	A. BUILDING _____ B. WING _____	R-C 10/02/2012

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GOLDEN LIVING CENTER-NORTH WILLOW	2002 W 86TH ST INDIANAPOLIS, IN 46260

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{W 000}	Continued From page 1 9/27/12) Golden Living Center-North Willow was found to be in compliance with 42 CFR Part 483, Subpart I and 410 IAC 16.2 in regard to the PCR to the PCR to the PCR to the investigation of complaints #IN00108475 and #IN00107965. Quality Review completed 10/11/12 by Ruth Shackelford, Medical Surveyor III.	{W 000}		